

President, Board of Directors:  
John Mercier



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**Public Hearing on:  
House Bill 5037 AAC the State Budget for the Biennium Ending June 30th, 2023  
(Department of Mental Health and Addiction Services)  
Appropriations Committee: Health Subcommittee  
February 24, 2022**

Good evening, Senator Osten, Representative Walker, Senator Miner, Representative France and members of the Appropriations Committee.

My name is Mike Van Vlaenderen, I am a lifelong resident of Norwich, CT. I have worked for Reliance Health (formerly Reliance House) serving eastern, CT for the past 30 of its 45-year existence. Beginning as an Outreach Worker in 1991 and currently serving as the agency's Chief Operating Officer. Reliance Health employs over 250 staff serving well over 1,000 individuals each year with a comprehensive array of services primarily funded by the Department of Mental Health and Addiction Services (DMHAS) and the Department of Disability Services (DDS).

Thank you for the opportunity to provide testimony on the state budget.

I want to thank you for the 4% Cost of Living Adjustment for community nonprofits that you fought to include in last year's budget. I'm here tonight to ask you to honor the long-term plan to address underfunding of community nonprofits and fund services by \$461 million over five years which outlines an additional 8% in Fiscal Year 2023. Without it, we risk destabilizing our state's community service delivery system, and lay the groundwork for the need of even more expensive services to meet the needs for our most vulnerable neighbors. To this point I'd like to share with you a real-life story:

In 2010, a young man we'll call Blake (not his real name) was referred to our agency following a lengthy inpatient stay in a costly Cedarcrest Hospital bed, prior to its subsequent closing. With a severe and prolonged history of mental health, substance use, and trauma, as well as vulnerability to being victimized, Blake was served by Reliance Health in various settings over the next seven years. From Respite, to Residential, to Community-based Apartment settings, Blake's housing and support circumstances evolved and were met as his needs changed over time.

In 2017, DMHAS-specific nonprofits across the state were hit with a 5% budget cut. This, after a decade of flat funding. Among these cuts was funding for Blake to be served by a nonprofit provider in the community of his choosing. Blake subsequently had to be referred to a much costlier state-funded Assertive Community Treatment (ACT) Team. Approximately six months later, Blake was re-hospitalized at Connecticut Valley Hospital (CVH), where he resided until two months ago. At which time he was re-referred to our agency. I'll leave it to you all to draw your own conclusions as to the cost effectiveness of this scenario in both human and financial terms.

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I have been encouraged to see the legislature's focus and attention on this crisis the mental health and substance use crisis this year. But there is no way to address the systemic issues without addressing the chronic underfunding of the existing services provided by nonprofits. The Governor's proposed budget does not provide support to existing programs that are struggling to keep up with the demand for services. **I urge the Appropriations Committee to fight for funding for these programs by implementing The Alliance's plan for a \$461 million increase. Thank You!**

Respectfully Submitted,

*Michael Van Vlaenderen*